

# PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>11 Feb 69 11/2140Z                                                     |  | 2. LOCATION<br>Belridge, Missouri                                                                                                                      |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Possible Astro (METEOR)                                                                                                              |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  |                                                                                                                                                        |  |
| 5. LENGTH OF OBSERVATION<br>6 Seconds                                                          |  | 11. BRIEF SUMMARY AND ANALYSIS<br><br>The observer sighted a light blue object that traveled from the NNE to the E and disappeared in about 6 seconds. |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                                                        |  |
| 7. COURSE<br>NNE - E                                                                           |  |                                                                                                                                                        |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |                                                                                                                                                        |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                                                                                                                                        |  |

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☒ NO. IF "YES," DID THEY SEE IT TOO?  
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (Street, P.O. Box, etc.)

[REDACTED]

TELEPHONE (Area)

[REDACTED]

AGE

23

☒

MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Cable splicer S.W.A.T. Co.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED]

DAY 11th MONTH Feb

YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 15th MONTH Feb

YEAR 1969

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Up until this time I have not believed in the U.F.O. sightings, but this has effected my thinking. And that is why I repeated the sighting.

11 Feb 69

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 1400 AIR BASE WING (MAC)  
SCOTT AIR FORCE BASE, ILLINOIS 62225



REPLY TO  
ATTN OF: 1400(OB)

19 February 1969

SUBJECT: UFO Report

TO: FTD(TDPT(UFO))  
Wright Patterson AFB, Ohio

1. Attached AF Form 117 on a UFO sighting on 11 February 1969, by Mr. Gary Lewis, is forwarded for appropriate action.
2. Weather information for Scott AFB during the applicable time period was as follows:

a. Winds

| <u>Altitude</u> | <u>Degrees</u> | <u>Knots</u> |
|-----------------|----------------|--------------|
| 6,000           | 300            | 36           |
| 10,000          | 290            | 45           |
| 16,000          | 290            | 60           |
| 20,000          | 290            | 65           |
| 30,000          | 300            | 81           |
| 50,000          | 310            | 60           |

b. Ceiling: 14,000 feet

c. Visibility: 20 miles

d. Amount of cloud cover: 5/8 broken

*John B. Dodge*  
JOHN B. DODGE, Captain, USAF  
Assistant Base Operations Officer

1 Atch  
AF Form 117

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 11th MONTH Feb YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 3 MINUTES 40 ☐ A.M. ☒ P.M.

4. TIME/ZONE

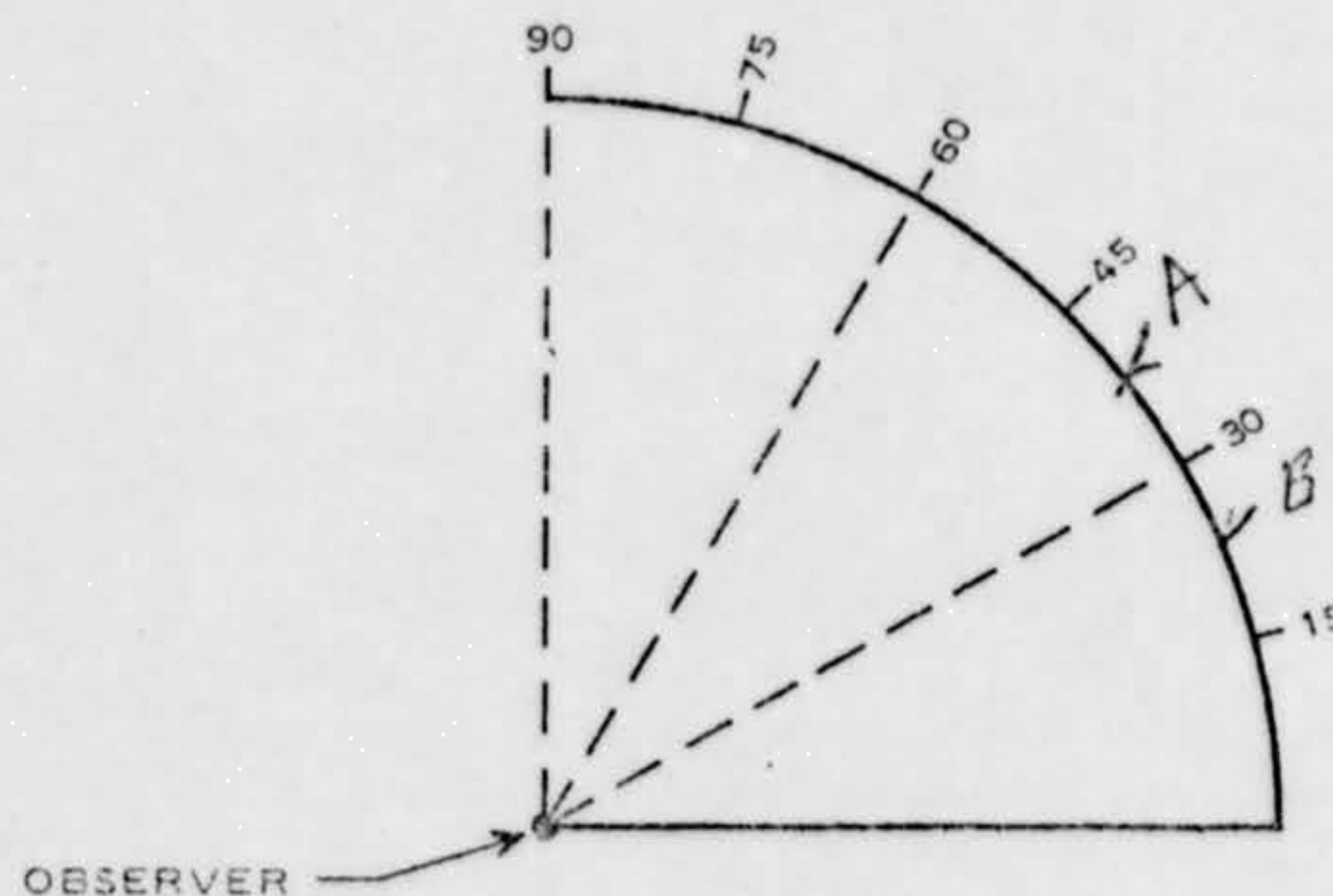
☐ DAYLIGHT SAVINGS☒ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

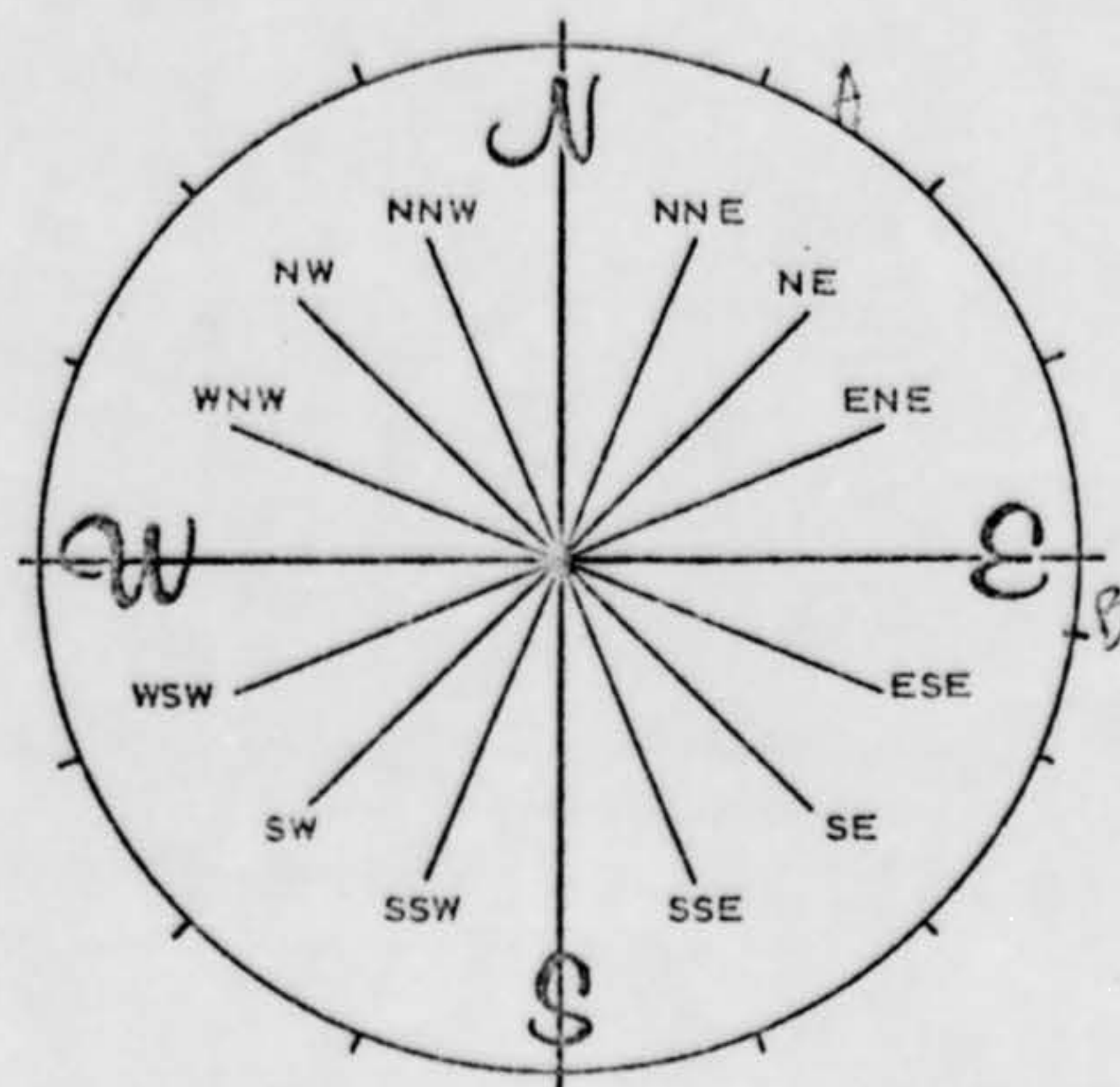
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

✓ corner of  
woods +  
E. Edgar  
(I was facing  
East).

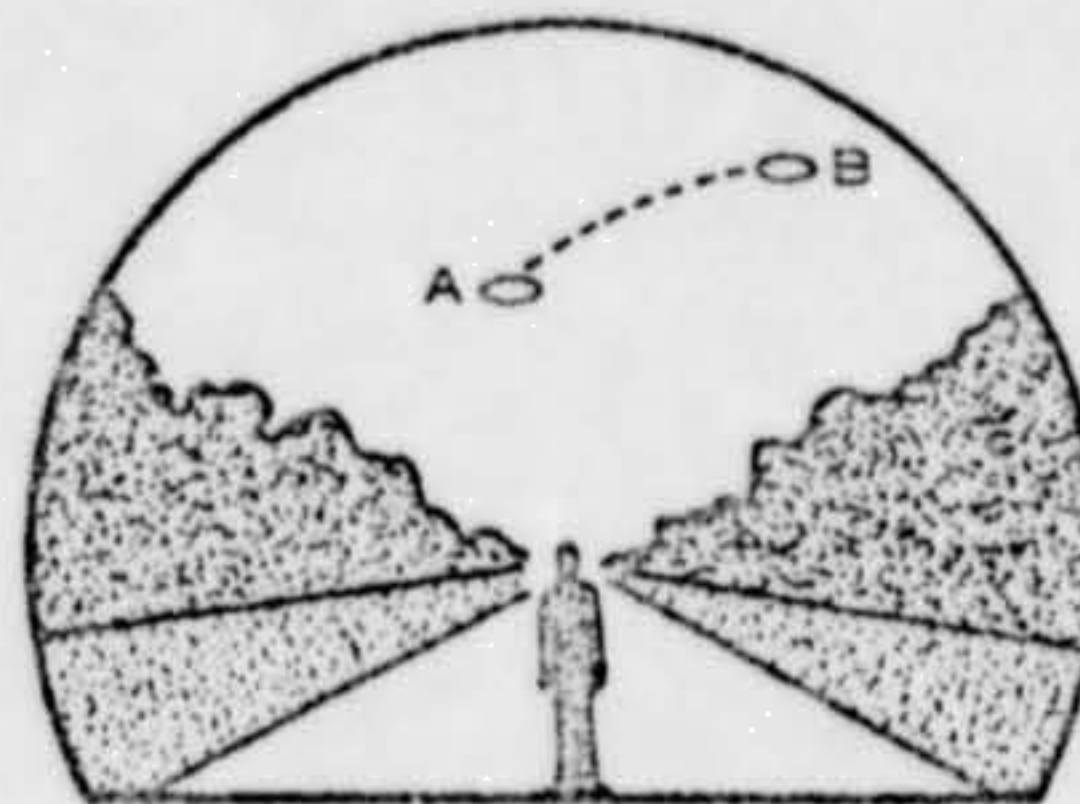
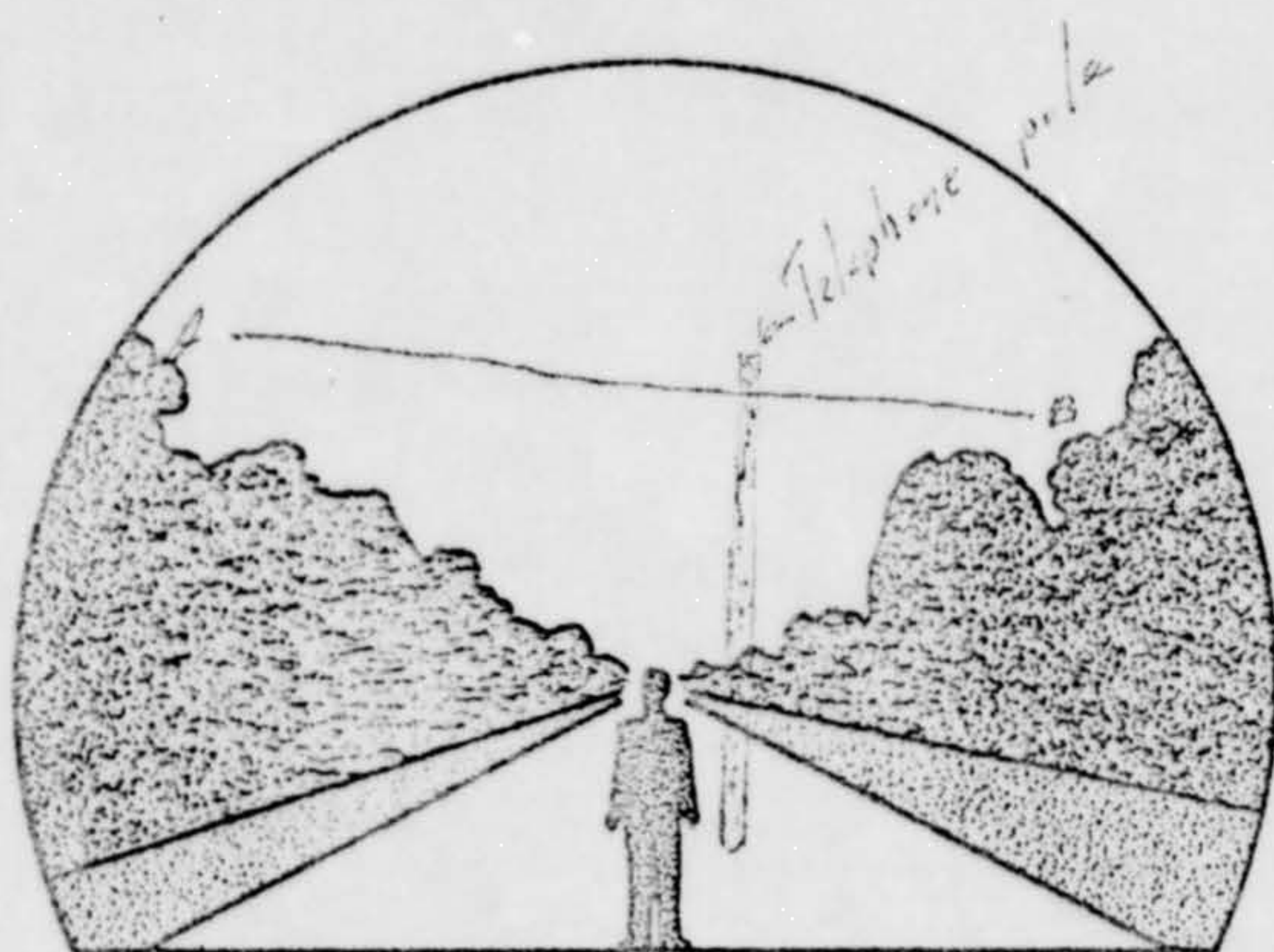
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



|                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                      |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                      |                                        |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                                                                                                                  |                                                      | <input type="checkbox"/> IN BUSINESS SECTION OF CITY                                                                 |                                        |
| <input type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                                                                                                                          |                                                      | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY                                                   |                                        |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                                      |                                                      | <input type="checkbox"/> IN OPEN COUNTRYSIDE                                                                         |                                        |
| <input type="checkbox"/> IN BOAT                                                                                                                                                                                                                                                                                                                                                              |                                                      | <input type="checkbox"/> NEAR AIRFIELD                                                                               |                                        |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                                  |                                                      | <input type="checkbox"/> FLYING OVER CITY                                                                            |                                        |
| <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                |                                                      | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                                                                    |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | <input type="checkbox"/> OTHER                                                                                       |                                        |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                      |                                        |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                                                               |                                                      | HOW FAST WERE YOU MOVING?                                                                                            |                                        |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> EAST                        | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                        |
| <input type="checkbox"/> SOUTH                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> WEST                        |                                                                                                                      |                                        |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> SOUTHEAST                   |                                                                                                                      |                                        |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> SOUTHWEST                   |                                                                                                                      |                                        |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.<br><br><div style="text-align: center; font-size: 1.5em;">NO</div>                                                                                                                                                                                                                                                      |                                                      |                                                                                                                      |                                        |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.<br><br><div style="text-align: center; font-size: 1.5em;">NA.</div>                                                                                                                                              |                                                      |                                                                                                                      |                                        |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><br><div style="text-align: center; font-size: 1.5em;">NA.</div>                                                                                                                                                                                                                                                                                         |                                                      |                                                                                                                      |                                        |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                                                                                                      |                                                      |                                                                                                                      |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                      |                                        |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                      |                                        |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                                                                | <div style="font-size: 1.2em;">About 6 seconds</div> | <input checked="" type="checkbox"/> CERTAIN OF TIME                                                                  | <input type="checkbox"/> NOT VERY SURE |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | <input type="checkbox"/> FAIRLY CERTAIN                                                                              | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED?<br><div style="font-size: 1.2em;">Guess at time of the occurrence.</div>                                                                                                                                                                                                                                                                                             |                                                      |                                                                                                                      |                                        |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.<br><br><div style="font-size: 1.2em;">A telephone pole was between myself and the object</div> |                                                      |                                                                                                                      |                                        |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*N/A*

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                  |                       |
|----------------------------------------------|--|---------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> DAY      |  | CUMULUS CLOUDS (Low fluffy)                 | FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  |                                             | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | NIMBUS CLOUDS (Rain)                        | HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | CUMULONIMBUS CLOUDS (Thunderstorms)         | SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                             | UNKNOWN               |
|                                              |  | HAZE OR SMOG                                | NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                        | (2) MOON                 |
|----------------------------------|--------------------------|
| <input type="checkbox"/> NONE    | BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW   | MOON WITH HALO           |
| <input type="checkbox"/> MANY    | MOON HIDDEN BY CLOUDS    |
| <input type="checkbox"/> UNKNOWN | PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☒ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON? *To my back.*

|                                                    |               |                      |
|----------------------------------------------------|---------------|----------------------|
| <input type="checkbox"/> IN FRONT OF YOU           | TO YOUR RIGHT | OVERHEAD (Near noon) |
| <input checked="" type="checkbox"/> IN BACK OF YOU | TO YOUR LEFT  | UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Sun*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.



- 1) The object was a light blue, lighter than the background. (sky)
- 2) Edges were somewhat distorted but not fuzzy!
- 3) Because of the color, I was hard to tell if it was solid or transparent.

| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        | ✓   |    |         |
|     | STAND STILL AT ANYTIME?         |     | ✓  |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | ✓  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | ✓  |         |
|     | CHANGE COLOR?                   |     | ✓  |         |
|     | GIVE OFF SMOKE?                 |     | ✓  |         |
|     | CHANGE BRIGHTNESS?              |     | ✓  |         |
|     | CHANGE SHAPE?                   |     | ✓  |         |
|     | FLASH OR FLICKER?               |     | ✓  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | ✓  |         |
|     | SPIN LIKE A TOP?                |     |    | ✓       |
|     | MAKE A NOISE?                   |     | ✓  |         |
|     | FLUTTER OR WOBBLE?              |     | ✓  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Being a telephone man I was looking at part of an aerial job.*

A. HOW DID IT FINALLY DISAPPEAR?

*went out of sight, past horizon.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

*behind the telephone pole.*

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*2/3 of the object.*

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                        |               |
|------------------------|---------------|
| EYEGLASSES             | CAMERA VIEWER |
| SUNGLASSES             | BINOCULARS    |
| WINDSHIELD             | TELESCOPE     |
| SIDE WINDOW OF VEHICLE | THEODOLITE    |
| WINDOWPANE             | OTHER         |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1500-2000  
MPH

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 100 miles

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

A short light blue blimp would be  
the relative comparative object.

1) Similar in size and color.

2) Speed was far to great for a blimp.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.